

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/ 581141

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1				2	
2		1				
3		2				
4		3				
5		4				
6		5				
7		6				
8		7				
9		8				
10		9				
11	1	10				
12		11				
13		12				
14		13				
15		14				
16		15				
17		16				
18		17				
19		18	1			
20				1		
21				1		
22				1		
23				1		
24				1		
25				1		
26				1		
27				1		
28				2		
29				1		
30				1		
31				1		
32				1		
33				1		
34				1		
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49						
50						
TOTAL IND.	2	↓	1	↓		↓
TOTAL DEP.	17	←	19	←		←
TOTAL CLAIMS	19		20			

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						